2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# N97000003014

Entity Name: CALVARY BAPTIST CHURCH OF MONTICELLO, FLORIDA, INC.

Current Principal Place of Business:

285 NORTH MAGNOLIA STREET
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

285 NORTH MAGNOLIA STREET
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-2392628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDANIEL, JAMES
525 NORTH SUNSET DRIVE
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DVP	( ) Delete
Name:	HIGHTOWER, FRANKLIN	
Address:	285 N MAGNOLIA STREET	
City-St-Zip:	MONTICELLO, FL 32344	
Title:	DVP	( ) Delete
Name:	SMITH, RICHARD A	
Address:	308 MAGNOLIA RIDGE	
City-St-Zip:	MONTICELLO, FL 32344	
Title:	D	( ) Delete
Name:	AMERT, DAVE	
Address:	RT 1 BOX 113	
City-St-Zip:	LAMONT, FL 32336	
Title:	S	( ) Delete
Name:	MCDANIEL, JAMES	
Address:	525 SUNSET DRIVE	
City-St-Zip:	MONTICELLO, FL 32344	
Title:	T	( ) Delete
Name:	SMITH, BRENDA	
Address:	308 MAGNOLIA RIDGE	
City-St-Zip:	MONTICELLO, FL 32344	
Title:	DVP	( ) Delete
Name:	OQUINN, LAMAR	
Address:	1515 TENNESSEE AVENUE	
City-St-Zip:	MONTICELLO, FL 32344	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA SMITH T 04/11/2006

Electronic Signature of Signing Officer or Director — Date